



**STATEMENT FOR THE RECORD OF  
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**SUBMITTED TO THE SUBCOMMITTEE ON HUMAN RESOURCES  
HOUSE COMMITTEE ON WAYS AND MEANS**

***WHAT REALLY WORKS: EVALUATING CURRENT EFFORTS TO HELP FAMILIES SUPPORT THEIR  
CHILDREN AND ESCAPE POVERTY***

**JULY 17, 2013**

Mr. Chairman and Members of the Subcommittee:

I am pleased to submit the following statement to the Subcommittee on Human Resources on behalf of ZERO TO THREE, National Center for Infants, Toddlers, and Families. My name is Matthew Melmed, and I am the Executive Director of ZERO TO THREE, a national non-profit organization that has worked to advance the healthy development of America's infants and toddlers for over 35 years. I would like to start by thanking the Subcommittee for holding this hearing examining what is known about the effectiveness of current programs designed to assist low-income families and individuals and how high-quality evidence can best be used to inform the design of social programs at the federal level. Today, I want to urge your attention to, and your action on behalf of, a subset of that group who truly are the most vulnerable members of our society: infants and toddlers.

As this Subcommittee searches for answers to the problem of poverty, I urge you to bear in mind the need to start early in life through dual generational approaches. The effects of early poverty have a long reach, and not taking steps to intervene early with the youngest children—even while working to help their parents achieve self-sufficiency—makes later adverse outcomes more likely to occur and more difficult to prevent. There is a growing interest nationwide in early childhood programs in the years immediately preceding kindergarten. It is important to note that for our most vulnerable at-risk infants and toddlers, the achievement gap often emerges long before they reach the preschool door. We know that high quality early learning experiences during the infant and toddler years are associated with attributes important to later school success, including early competence in language and cognitive development, cooperation with adults, and the ability to initiate and sustain positive exchanges with peers. Focusing policy responses on very young children and their families could yield positive results, especially in the long term.

**INTRODUCTION**

Our nation's infants and toddlers are the group most likely to be living in distressed economic conditions. Nationally, almost half (48%) of children under age 3 live in low-income families, including 25% that

live in families in poverty. These statistics are particularly disturbing, because research shows that the timing of economic hardship in a child's life matters: poverty experienced at such a young age is particularly harmful both for short term development and outcomes later in life, including in education levels, social and emotional health, and physical health.

During the first 3 years of life, the brain undergoes dramatic development as the child acquires the ability to think, speak, learn, and reason. A baby's early experiences shape the brain's architecture into a foundation for learning, health, and eventual success in the workplace. Family resources, from income to parental education to environmental comforts, play a role in these early experiences and thus the developmental outcomes.

Poverty often leads to multiple risk factors. Children with risk factors such as living in low-income households, abuse or neglect, prenatal exposure to alcohol or other substances, and low parental education, have a higher incidence of developmental delays and disabilities than the general population. Disparities emerge as early as 9 months and widen by 24 months of age.<sup>i</sup> Infants and toddlers from low-income families are less likely to be in very good health or receive positive behavior ratings than those from higher income families. By age 2, toddlers in the lowest socioeconomic quintile are behind all other children in measures of cognitive skills and emotional attachment.<sup>ii</sup>

*These adverse early experiences can weaken babies' brain development and follow them their entire lives, placing them at greater risk for later school failure and health problems as adults. When babies and toddlers experience chronic deprivation and stress there are costs in lost opportunity and achievement deficits to society and our economy unless we intervene.*

Early delays in development that are not detected lead to widening gaps that put children on the path to poor outcomes, and have costly repercussions. Delays in speech and physical development as an infant can be signs of later learning disabilities, autism, or cerebral palsy.<sup>iii</sup> One in six children will experience a developmental disability or behavioral problem before age 18, but fewer than half of those problems are detected before school entry.<sup>iv</sup> Without increased investments focused on the availability and accessibility of quality early care and education experiences, many infants and toddlers will continue to be left behind. On the other hand, with high quality, effective services, those infants and toddlers who are at-risk for compromised development will be better equipped to reach their full potential in life.

## **INTERVENING EARLY**

The brain is most flexible, or 'plastic,' early in life to accommodate a wide range of environments and interactions, and can be rewired in reaction to significant changes in their lives. Early plasticity points to the importance of early intervention; it is easier and more effective to influence a young child's developing brain architecture than to offer remedial programs later in life.<sup>v</sup> Reaching children well before they enter school can strengthen their chances for later success, despite the poor life conditions they face.

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children.<sup>vi</sup> To be effective, interventions must begin early and be designed with the characteristics and experiences of these infants, toddlers, and families in mind.<sup>vii</sup> Intervening in the early years can lead to significant cost savings over time through reductions in child abuse and neglect, criminal behavior, welfare dependence, and substance abuse. If services are not provided until a child is 6, 7, or 8 years of age, the most critical opportunity for prevention and intervention is missed.<sup>viii</sup>

Given this early window of opportunity, there are a number of ways that policymakers and practitioners can intervene to improve outcomes for infants and toddlers. Proven approaches—some beginning during the important prenatal period—can help diminish the gaps and promote stronger social-emotional foundations. Economists estimate that for every dollar invested in early childhood programs, savings of

\$3.78 to \$17.07 can be expected in future public expenditures, in part by reducing the occurrence of negative educational and life outcomes.<sup>ix</sup>

## **EFFECTIVE PROGRAMS**

When focusing on specific methods of delivering services, it is important to think in terms of developing a comprehensive system of services that provide a prenatal through pre-kindergarten continuum. Such a system would ensure that the critical needs of vulnerable infants and toddlers—regardless of the setting in which they might be reached—are included in early childhood planning. That system would help parents and early childhood professionals promote healthy development across all domains.

Programs and services in this system should have an important element of supporting parents in forging bonds with their children since developing strong attachments provide the needed foundation for a child to explore and learn as well as to regulate their emotions as they interact with others (social and emotional development). Such services should also help parents and babies engage in play, reading, and other activities that foster early language skills (cognitive development) and they should promote good nutrition and attention to well-child care (physical development).

Model early childhood programs that deliver carefully designed interventions with well-defined objectives and that include well-designed evaluations have been shown to influence the developmental trajectories of children whose life course is threatened by socioeconomic disadvantage, family disruption, and diagnosed disabilities. Programs that combine child-focused educational activities with explicit attention to parent-child interaction patterns and relationship-building appear to have the greatest impacts. In contrast, services that are based on generic family support, often without a clear delineation of intervention strategies matched directly to measurable objectives, and that are funded by more modest budgets, appear to be less effective.<sup>x</sup>

Effective early childhood programs also impact parents' efforts to become economically self-sufficient. Effects range from enabling parents to work to support their families to promoting education and training that can better position parents to move into the job market.

Some examples of proven programs include:

- **Early Head Start**

Early Head Start is the only federal program specifically designed to ensure that all young children have the same opportunities by improving the early education experiences of low-income infants and toddlers. Early Head Start offers opportunities for early learning experiences, parent support, home visitation, and access to medical, mental health, and early intervention services.

The Congressionally-mandated Early Head Start Research and Evaluation Project – a rigorous, large-scale, random-assignment evaluation – concluded that Early Head Start is making a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. For example, Early Head Start produced statistically significant, positive impacts on standardized measures of children's cognitive and language development.<sup>xi</sup> Impacts were not limited to children. The program had significant positive impacts on participation in education and training among parents with some impacts on employment beginning to emerge late in the study.<sup>xii</sup> Findings include:

- Statistically significant, positive impacts on standardized measures of cognitive and language development.
- More positive approaches to learning.
- Fewer behavior problems.

- Reductions in the negative impacts of parent stress and risk factors on child language and self-regulatory development.
- Parents were more involved and provided more support for learning.
- Parents had reduced risk of depression.
- Positive impact on child-father interactions.

Studies also show that children who participated in Early Head Start had significantly larger vocabularies and scored higher on standardized measures of cognitive development than children in a control group who did not participate in Early Head Start. Additionally, Early Head Start children and parents had more positive interactions, and these parents provided more support for learning than did those in a control group.<sup>xiii</sup>

Despite the program’s proven ability to lessen the negative effects of poverty, consistently low levels of federal funding and increasing child poverty have kept the program’s capacity low. In FY2012, less than 4 percent of eligible children are served by EHS initiatives.<sup>xiv</sup>

- **Child Care**

Most people think of child care as a service that enables parents to work—and it certainly is a vital piece of the puzzle for families seeking economic security for their young children. Yet, it also has important implications for early brain development. Second only to the immediate family, child care is the setting in which early childhood development unfolds for 6 million infants and toddlers who spend some part of their day in non-parental care. Child care that is of poor quality can have a detrimental effect on early development. And the children who could benefit most—those from low-income families—are the ones most likely to be in poorer quality care. High quality care for very young children is scarce and out of reach for many families. Nationally, the cost of an infant’s child care for single mothers ranges from 25% to 69% of the mother’s median income, and the cost for married couples ranges from 7% to 16% of their median income.<sup>xv</sup>

High quality child care is associated with outcomes that all parents want to see in their children, from cooperation with adults to the ability to initiate and sustain positive exchanges with peers, to early competence in math and reading – all key ingredients to later school success. Research indicates that the strongest effects of quality care are found with at-risk children—children from families with few resources and under great stress.

Specifically, studies that examine children’s development over time have shown that higher quality child care is a predictor of improvement in children’s ability to understand spoken language, communication skills, verbal IQ skills, cognitive skills, behavioral skills, and attainment of higher math and language scores—all of which impact later school success.<sup>xvi</sup> Research also indicates that participants in high quality child care and early education programs may also experience lower levels of grade retention and placement in special education classrooms.<sup>xvii</sup>

One of the features that distinguish higher quality care is the amount of language stimulation provided. High quality child care, where providers are both supportive and offer more verbal stimulation, creates an environment where children are likely to show advanced cognitive and language development.<sup>xviii</sup> For virtually every developmental outcome that has been assessed, quality of care also shows positive associations with early social and emotional development.<sup>xix</sup> Higher quality care is generally related to more competent peer relationships during early

childhood and into the school years. It provides environments and opportunities for socialization, problem-solving, empathy building, sharing, and relating.

- **Evidence-Based Home Visiting**

Home visiting has been demonstrated to be an effective method of supporting families as they guide their children's development, particularly as part of a comprehensive and coordinated system of services. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families. Home visiting is a means to establish trusting relationships with families and deliver or link them to necessary resources and supports. Depending on the model used services may include health, parent education, family support, and other services to promote maternal well-being and family self-sufficiency.

The U.S. Department of Health and Human Services and Mathematica Research have identified 12 evidence-based home visiting models that have demonstrated positive impacts in a set of eight domains. Eleven of these are designed to include infants and toddlers and their families: Child FIRST, Early Head Start-Home Visiting, Early Intervention Program for Adolescent Mothers (EIP), Early Start (New Zealand), Family Check-Up, Healthy Families America (HFA), Healthy Steps, Nurse Family Partnership (NFP), Oklahoma's Community-Based Family Resource and Support, Parents as Teachers (PAT), and Play and Learning Strategies (PALS) Infant.

Depending on the model used, positive impacts have been shown in one or more domains, including child health, child development and school readiness, maternal health, reductions in child maltreatment, family economic self-sufficiency, positive parenting practices, linkages and referrals, and reductions in juvenile delinquency, family violence, and crime.<sup>xx</sup> In randomized trials, home visiting programs were found to be effective methods for delivering these essential parent support services. When compared to control group counterparts, parents with very low incomes who participated in a home visiting program were more likely to read aloud, tell stories, say nursery rhymes, and sing with their child.<sup>xxi</sup> Participants in home visiting programs also created more developmentally stimulating home environments<sup>xxii</sup>, had more responsive interactions with their children<sup>xxiii</sup>, and knew more about child development.<sup>xxiv</sup>

Home visitation programs can counteract the negative consequences of economic insecurity and encourage success not only at home but also in school and at work. Home visitation programs help parents enroll in educational and training programs and pursue employment opportunities. In a series of randomized controlled trials of a nurse home visitation program serving unmarried low-income women, 82% more participants worked compared to the control group in the period up until their child turned 4.<sup>xxv</sup> In another trial of the same program, participants were twice as likely to be employed as the control group at their child's second birthday.<sup>xxvi</sup> A randomized controlled trial of another program demonstrated high participation in school or training compared to the rate of the control group; a particular benefit of this program was the setting of concrete goals with the mothers for their education and professional development.<sup>xxvii</sup> Finally, a 5-year follow-up study of another home visitation program found higher monthly income for study participants.<sup>xxviii</sup>

## CONCLUSION

During the first three years of life, children rapidly develop foundational capabilities—physical, social-emotional, and cognitive—on which subsequent development builds. These areas of development are

inextricably related. Yet, too often, we ignore the early years of a child's life in making public policy, waiting until at-risk children are already behind physically, emotionally, or cognitively before significant investments are made to address their needs. We must change this pattern and invest in at-risk infants and toddlers early on, when that investment can have the biggest payoff—preventing problems or delays that become more costly to address as the children grow older.

All young children should be given the opportunity to succeed in school and in life. Ensuring that infants and toddlers have strong families who are able to support their healthy development will help lay the foundation for a lifetime of success. We must increase federal investments so that infants, toddlers and their families have access to developmentally appropriate early learning programs such as Early Head Start, high quality and affordable child care, and home visiting services to help ensure that they are ready for school.

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<sup>i</sup> T. Halle, N. Forry, E. Hair, et al., *Disparities in Early Learning and Development: Lessons From the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*. Washington, DC: Child Trends, 2009.

<sup>ii</sup> National Center for Education Statistics, Table 120: “Percentage of Children Demonstrating Specific Cognitive Skills, Motor Skills, and Secure Emotional Attachment to Parents at About 2 Years of Age, by Selected Characteristics: 2003–04.” In *Digest of Education Statistics*, Institute of Education Sciences, January 25, 2013, [http://nces.ed.gov/programs/digest/d11/tables/dt11\\_120.asp](http://nces.ed.gov/programs/digest/d11/tables/dt11_120.asp).

<sup>iii</sup> Sices, Laura. (2007). *Developmental Screening in Primary Care: The Effectiveness Of Current Practice and Recommendations for Improvement*. The Commonwealth Fund. Retrieved from: [http://www.commonwealthfund.org/usr\\_doc/1082\\_Sices\\_developmental\\_screening\\_primary\\_care.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/1082_Sices_developmental_screening_primary_care.pdf?section=4039)

<sup>iv</sup> Centers for Disease Control and Prevention, *Developmental Screening Fact Sheet*. Retrieved from [http://www.cdc.gov/ncbddd/actearly/pdf/parents\\_pdfs/DevelopmentalScreening.pdf](http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/DevelopmentalScreening.pdf).

<sup>v</sup> Testimony of Ross A. Thompson, Ph.D. Professor of Psychology, University of California, Davis. Hearing on Improving Head Start for America's Children, House Committee on Education and Labor Subcommittee on Early Childhood, Elementary, and Secondary Education, 2007.

<sup>vi</sup> National Research Council and Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Jack Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press, 2000.

<sup>vii</sup> Brenda Jones Harden, *Infants in the Child Welfare System. A Developmental Framework for Policy and Practice*. Washington, DC: ZERO TO THREE Press, 2007.

<sup>viii</sup> Infant Mental Health Project, Center for Prevention and Early Intervention Policy, Florida State University, Tallahassee.

<sup>ix</sup> James Heckman, Rob Grunewald, and Arthur Reynolds, “The Dollars and Cents of Investing Early: Cost-Benefit Analysis in Early Care and Education.” *Zero to Three* 26, no. 6 (2006).

<sup>x</sup> Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press, p. 11.

<sup>xi</sup> U.S. Department of Health and Human Services, Administration for Children and Families. 2002. *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start*. [http://www.acf.hhs.gov/programs/opre/ehs/ehs\\_resrch/reports/impacts\\_exesum/impacts\\_execsum.pdf](http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/impacts_exesum/impacts_execsum.pdf) (accessed October 23, 2006).

<sup>xii</sup> U.S. Department of Health and Human Services, Administration for Children and Families. *Early Head Start Benefits Children and Families*. Research to Practice Brief. U.S. Department of Health and Human Services, 2006.

<sup>xiii</sup> U.S. Department of Health and Human Services, Administration for Children and Families, *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. U.S. Department of Health and Human Services, 2002, [www.acf.hhs.gov](http://www.acf.hhs.gov).

<sup>xiv</sup> 2011 is the most recent year of Census Bureau data available. Note that 110,884 is the exact number of children under 3 served by Early Head Start (funded enrollment) in fiscal year 2011. U.S. Department of Health and Human Services, Administration for Children and Families, Early Childhood Learning and Knowledge Center, *Head Start Program Information Report for the 2011–2012 Program Year, Early Head Start Programs Only*. U.S. Department of Health and Human Services. Note that 2,996,000 children under 3 in the United States live below the federal

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